Utah State Plan for FFY2009 PHHS BG Funding
Preventive Health and Health Services Block Grant

Work Plan

Original Work Plan for Fiscal Year 2009
Submitted by: Utah
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Executive Summary

The Utah Department of Health (UDOH) uses Preventive Health and Health Services Block Grant (PHHSBG) funding for critical public health programs and infrastructure. PHHSBG funds are allocated to those health concerns that have no other source of state or federal funds or wherein combined state and federal funds are insufficient to address the extent of the problem. About 55% of PHHSBG funds are allocated to local agencies.

Current FFY funding priorities are:

- Environmental epidemiology - $88,191
- Heart disease and stroke prevention: focus on obesity prevention - $177,700
- Local health department partnership for obesity prevention - $336,742
- Local health department partnership for injury prevention - $160,393
- Public health assessment - $106,340
- Rape crises and prevention - $54,686
- Admin - $32,058

Total Funding = $956,110 of which $27,373 are previous year funds.

Major highlights for each area are:

- **Environmental Epidemiology**: The Program will continue its efforts to reduce blood lead levels in high risk children and workers, as well as add efforts to increase awareness of and testing for radon and carbon monoxide.
- **Heart Disease and Stroke Prevention**: The Program will continue its focus on obesity prevention with policies and environmental changes through the Gold Medal School Initiative (GMS) and in communities to support heart healthy practices.
- **Local Health Department Partnerships for Injury Prevention**: The program will work with local health departments and other partners to continue strategies to reduce injury-related morbidity and mortality, with a focus on seat belt use among teens.
- **Local Health Department Partnerships for Obesity**: Programs at the local level aimed primarily childhood obesity prevention (GMS) will be conducted almost exclusively with PHHSBG funds. Strategies will be implemented to meet local needs as well as move toward statewide goals to reduce childhood obesity.
- **Public Health Assessment**: The Office will continue to expand and improve access to on-line data, including community indicators and a new community profile system. The IBIS-PH query system is state-of-the-art and places Utah as a leader in accessible public health data.
- **Rape Crises and Prevention**: The PHHSBG funds (mandated set-aside) will be targeted in Salt Lake County to provide rape crises intervention services, including a 24 hour toll-free hotline, and training to other rape crises centers, with a focus on Hispanic/Latino populations in Salt Lake County.

Adminstrative Issues:

In the last Federal Fiscal Year (FFY), Utah sustained an approximate $17,000 decrease in PHHS BG funding. The total federal reductions in basic PHHS BG funding to Utah has been $404,593 from FFY 2004 to the proposed amount for FFY 2009. While use of carry over from previous years has allowed the UDOH and local health departments to maintain a base level of activities, services have had to be scaled back. For example, in FY 2006, the physical activity infrastructure grants to local health departments were cut. This was a major loss to our efforts to improve systems to enhance physical activity opportunities for Utahns.

The 2006 Utah Legislature was able to provide funding for the state epidemiologist position that was previously supported by PHHSBG direct assistance. This action mitigated, for FY 2007 and FY 2008, some of the potential untoward impact for programs with PHHSBG funding. However, for FFY 2008, due to the

depletion of prior year PHHSBG funds and the completion of one time funding from a private source, the UDOH staff support for the Utah Council for Worksite Health Promotion was eliminated. This severely impacted the Council's awards program, annual worksite health promotion conference, and website/resources. UDOH is working with the Council to find alternative means of support.

The **UDOH Health Advisory Council (HAC)** continues to provide the advisory function for the PHHSBG for the Department. The HAC, which provides advice to UDOH for all services and issues, meets regularly and co-conducts the annual public hearing for the PHHSBG. During FFY 2008, the HAC had an update on PHHSBG funding and reviewed the FFY 2007 annual report. A HAC meeting and public hearing was conducted on August 26, 2008, for comment on the proposed FFY 2009 application and budget.

Funding Rationale: Data Trend, Under or Unfunded, State Plan (2000)

Statutory Information

Advisory Committee Member Representation:

College and/or university, Community resident, County and/or local health department, Hospital or health system, Managed care organization, Primary care provider, State health department

Dates:

Public Hearing Date(s):	Advisory Committee Date(s):
8/26/2008	4/23/2008
	8/26/2008

Current Forms on File with CDC:

Certifications: Yes
Certifications and Assurances: Yes

Budget Detail for UT 2009 V0 R0	
Total Award (1+6)	$928,737
A. Current Year Annual Basic	
1. Annual Basic Amount	$874,051
2. Annual Basic Admin Cost	($32,058)
3. Direct Assistance	$0
4. Transfer Amount	$0
(5). Sub-Total Annual Basic	$841,993
B. Current Year Sex Offense Dollars (HO 15-35)	
6. Mandated Sex Offense Set Aside	$54,686
7. Sex Offense Admin Cost	$0
(8.) Sub-Total Sex Offense Set Aside	$54,686
(9.) Total Current Year Available Amount (5+8)	$896,679
C. Prior Year Dollars	
10. Annual Basic	$27,373
11. Sex Offense Set Aside (HO 15-35)	$0
(12.) Total Prior Year	$27,373
13. Total Available for Allocation (5+8+12)	$924,052

Summary of Funds Available for Allocation	
A. PHHSBG $'s Current Year:	
Annual Basic	$841,993
Sex Offense Set Aside	$54,686
Available Current Year PHHSBG Dollars	$896,679
B. PHHSBG $'s Prior Year:	
Annual Basic	$27,373
Sex Offense Set Aside	$0
Available Prior Year PHHSBG Dollars	$27,373
C. Total Funds Available for Allocation	$924,052

Summary of Allocations by Program and Healthy People 2010 Objective

Program Title	Health Objective	Current Year PHHSBG $'s	Prior Year PHHSBG $'s	TOTAL Year PHHSBG $'s
Environmental Epidemiology	8-11 Blood lead	$46,342	$4,231	$50,573
	8-18 Radon	$3,500	$0	$3,500
	8-27 Monitoring of environmental diseases or conditions	$1,727	$0	$1,727
	20-7 Elevated blood lead levels from work exposure	$30,618	$1,773	$32,391
Sub-Total		**$82,187**	**$6,004**	**$88,191**
Heart Disease and Stroke Prevention	19-3 Overweight or obesity in children and adolescents	$169,678	$8,022	$177,700
Sub-Total		**$169,678**	**$8,022**	**$177,700**
LHD Partnership for Injury Prevention	15-13 Unintentional injury deaths	$160,393	$0	$160,393
Sub-Total		**$160,393**	**$0**	**$160,393**
LHD Partnerships for Promoting Healthy Weight	19-3 Overweight or obesity in children and adolescents	$330,388	$6,354	$336,742
Sub-Total		**$330,388**	**$6,354**	**$336,742**
Office of Public Health Assessment	23-2 Public health access to information and surveillance data	$99,347	$6,993	$106,340
Sub-Total		**$99,347**	**$6,993**	**$106,340**
Rape or Attempted Rape	15-35 Rape or attempted rape	$54,686	$0	$54,686
Sub-Total		**$54,686**	**$0**	**$54,686**
Grand Total		**$896,679**	**$27,373**	**$924,052**

State Program Title: Environmental Epidemiology

State Program Strategy:

Goal: The Environmental Epidemiology Program (EEP) addresses environmental hazards and disease in Utah, and provides services to identify and evaluate environmental health risks. The mission of the EEP is to develop and support programs to prevent or reduce the potential for acute and chronic morbidity and mortality associated with environmental and occupational factors. Those factors include exposure to toxic substances, reproductive hazards, unsafe home and work environments, and agents responsible for debilitating diseases. The program conducts epidemiological investigations, cooperates with local, state, and federal agencies in problems related to hazardous substance exposure, researches environmental and occupational health problems, and provides technical assistance and education to the residents of Utah. Typical activities include performing epidemiological investigations and risk assessments of environmental exposures to toxic chemicals in the environment, the home, or occupational settings to determine adverse health impacts. The EEP continues to expand and develop ways to educate and protect the residents of Utah through an effort to establish Healthy Homes with lead, radon, carbon monoxide and secondhand smoke poison awareness and prevention.

Primary Strategic Partnerships:
Internal: Utah Environmental Public Health Tracking Program, Baby Your Baby Program, Health Care Financing, WeeCare Program, Utah Tobacco Program, Hazardous Substances Emergency Events and Surveillance Program (HSEES), Utah's Indicator-Based Information System for Public Health (IBIS-PH) and the Utah Refugee Health Program.
External: Utah's 12 local health departments (LHDs), Centro de la Familia de Utah/Migrant Headstart Program, Utah Department of Environmental Quality, United States Environmental Protection Agency, Utah Department of Community and Economic Development, Utah Poison Control Center and the Utah Occupational Safety and Health Administration.

Role of PHHS BG Funds: The Preventive Health and Health Services Block Grant (PHHSBG) funds provide administrative direction to all EEP activities and specific, highly directed categorical activities. The EEP has been successful in leveraging the PHHSBG funds to obtain additional funding to enhance the environmental public health activities of the EEP. These PHHSBG funds support Utah Department of Health's ability to obtain other grants, to direct those grants appropriately, and to coordinate those categorical grants into a more comprehensive approach that benefits the people of Utah. The PHHSBG funding supports and guides the following EEP activities:

1. Maintenance of the Utah Blood Lead Registry
2. Cancer cluster investigations
3. Childhood Lead Poisoning Prevention Program
4. Utah Adult Blood Lead Epidemiology and Surveillance Program,
5. Environmental Public Health Assessment Program,
6. Hazardous Substances Emergency Events and Surveillance Program,
7. Utah Environmental Public Health Tracking Program.
8. Environmentally related disease investigations.
9. Healthy Homes – lead, radon, carbon monoxide and secondhand smoke awareness and prevention.

Evaluation Methodology: Healthy Homes surveillance data will be used to evaluate progress toward the overall program goals of eliminating exposures to lead, radon, carbon monoxide and secondhand smoke. Data will be shared with federal, state and local programs to monitor progress and results will be tracked and trends will be evaluated.

State Program Setting:
Home, Work site

FTE's (Full Time Equivalents):
Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Position Title: Health Program Specialist
State-Level: 100% Local: 0% Other: 0% Total: 100%

Total Number of Positions Funded: 1
Total FTE's Funded: 1.00

National Health Objective: HO 8-11 Blood lead

State Health Objective(s):
Between 10/2008 and 09/2009, Ddecrease the prevalence of blood lead levels ≥10 micrograms per deciliter (µg/dL) in children ages 0 to 72 months who are tested to less than 1.8%.

Baseline:
The rate of children, ages 0 through five years old, with a blood lead level of ≥ 10 µg/dL, was 4.0% in 1996.

Data Source:
Utah Blood Lead Registry/Environmental Epidemiology Program/Utah Department of Health

State Health Problem:

Health Burden:
Exposure to high levels of lead is toxic to the central nervous system and can be fatal. Even low levels of exposure can result in delayed learning, impaired hearing, and growth deficits in children. In 1995 leaded gasoline was banned and the use of lead-based paint in residential housing was banned in 1978, both of which have decreased the geometric mean of blood lead levels; however, lead in paint, house dust, and soil continue to contribute to the problem of lead poisoning in children in Utah today. There are approximately 127,266 pre-1950 housing units in Utah. The ban on the use of lead-based paint and leaded gasoline has decreased the geometric mean of blood lead levels nationwide. In Utah, the geometric mean has decreased in children, ages 0-5 years old, from 3.0 µg/dL in 1996 to 2.0 µg/dL in 2006 and the prevalence has decreased from 4.0% in 1996 to 1.5% in 2006.

Children under the age of six should be screened if there is possible exposure to lead, because children are at the greatest risk for lead exposure due to their developing neurological systems and their behaviors in development (i.e. hand to mouth activities and crawling). Tobacco use has been attributed to increased lead exposure due to the uptake of lead by the tobacco plant and children can be exposed to lead by secondhand smoke increasing there risk. Also, women who are pregnant need to be screened and educated about the effects of lead, because lead will affect the mother and the unborn child. If a child or a pregnant woman is found to have an elevated blood lead level, follow-up by their medical provider and case management with appropriate intervention is needed.

Cost Burden: Many factors can contribute to the cost burden of a child with an elevated blood lead level such as: medical costs, lead paint abatement, mental development, criminal behavior, and health problems later in life.

Medical Costs: These are based upon the child's blood lead level. Children, with a blood lead level from 10 µg/dL to ≥70 µg/dL, the costs range from $7.00 to $2,626 per child, respectively. The costs incurred are based on blood sampling, nurse visits, environmental sampling/investigation, and medical treatments including chelation therapy at higher levels.

Lead paint abatement in home: $1,000-$9,000 per unit.

Mental Development: High lead levels contribute to lower IQ levels, an increase need for special education, decrease in the likelihood of high school and college graduation, lower lifetime earnings, and the higher propensity to engage in criminal activity. The average annual cost for special education is $12,833 per child; cost of juvenile incarceration for one year is $43,000.

Target Population:
Number: 313,627
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: Yes

Disparate Population:
Number: 39,606
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White
Age: Under 1 year, 1 - 3 years, 4 - 11 years
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: Yes
Location: Entire state
Target and Disparate Data Sources: Utah Governor's Office of Planning and Budget. Retrieved on July 29, 2008 from Utah Department of Health, Center for Health Data, Indicator-Based Information System for Public Health

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

MMWR Recommendations and Reports (Centers for Disease Control and Prevention)

Other: 1) Screening Young Children for Lead Poisoning: Guidance for State and Local Public Health Officials, November 1997
2) Managing Elevated Blood Lead Levels Among Young Children: Recommendations from the Advisory Committee on Childhood Lead Poisoning Prevention, March 2002

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: $46,342
Total Prior Year Funds Allocated to Health Objective: $4,231
Funds Allocated to Disparate Populations: $0
Funds to Local Entities: $0
Role of Block Grant Dollars: Supplemental Funding
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
75-99% - Primary source of funding

ESSENTIAL SERVICES –OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Essential Service 1 – Monitor health status

Objective 1:
Report blood lead levels
Between 10/2008 and 09/2009, the Healthy Homes Coordinator will publish 0 information on the prevalence of elevated blood lead levels in children ages 0 to 72 months of age with identified risk factors associated with childhood lead poisoning on the IBIS-PH website.
Annual Activities:
1. Evaluate data
Between 10/2008 and 09/2009, the Healthy Homes Coordinator will evaluate quarterly blood lead data of children 0 to 72 months of age to determine blood lead levels and ascertain statistical trends and patterns.

2. Evaluate blood lead data
Between 10/2008 and 09/2009, the Healthy Homes Coordinator will evaluate blood lead surveillance data for calendar year 2008 and compare results to national rates and Utah's previous yearly rates. (Descriptive statistics will be used to analyze the number of tests performed and trend over time for elevated blood lead levels.)

Essential Service 2 – Diagnose and Investigate

Objective 1:
Increase blood lead tests
Between 10/2008 and 09/2009, the Healthy Homes Coordinator will increase the number of of blood lead tests conducted in children 0-72 months of age who are in high risk groups that include Medicaid, WIC, living in older housing, and play areas where the soil is contaminated from 3,526 children tested in 2000 to 3,700 children.
Annual Activities:
1. Lab status
Between 10/2008 and 09/2009, the Healthy Homes Coordinator will conduct quarterly reviews of the reporting status from clinical laboratories and determine compliance.

2. Partner with Baby your Baby
Between 10/2008 and 09/2009, the Healthy Homes Coordinator will collaborate with the Utah Baby Your Baby program to include blood lead screening and educational information in the newsletters that are provided to new parents.

3. Testing with Migrant Head Start

Between 10/2008 and 09/2009, the Healthy Homes Coordinator will assist with and ensure that blood lead testing of Migrant Head Start children is conducted annually. Increase lead poisoning awareness to parents of children 0 to 72 months of age by providing lead prevention and educational materials at each testing session during the months of June through August.

Essential Service 3 – Inform and Educate

Objective 1:

Educate about blood lead poisoning prevention

Between 10/2008 and 09/2009, the Healthy Homes Coordinator will provide will provide lead poisoning prevention and educational materials to 100% of the parents of children 0 to 72 months of age tested in the Migrant Head Start Program in Utah.

Annual Activities:

1. Distribute educational materials

Between 10/2008 and 09/2009, the Healthy Homes Coordinator will collaborate with Centro de la Familia de Utah, Migrant Head Start program to increase awareness of lead poisoning by providing prevention and educational materials to parents of children 0 to 72 months of age who received a lead blood test at the Centro. The educational materials will be distributed to all parents during their annual in-service meeting. The Healthy Homes Coordinator will also distribute lead poisoning prevention and secondhand smoke prevention materials at Centro de la Familia's six centers throughout Utah, the Utah Department of Health, ten libraries throughout Utah, and each of the 13 local health districts.

National Health Objective: HO 8-18 Radon

State Health Objective(s):

Between 10/2008 and 09/2009, The Healthy Homes Coordinator will increase the number of homes tested for radon and provide awareness regarding the dangers of radon gas and the importance of testing the home in areas with an increased risk of radon gas poisoning.

Baseline:

900 radon tests conducted in 2005

Data Source:

Utah Department of Environmental Quality/Radon Program

State Health Problem:

Health Burden:

Radon is a cancer-causing, radioactive gas. Radon is colorless, tasteless and does not have an odor. Radon is estimated to cause 21,000 deaths each year from lung cancer. One in 15 homes, in the United States, has elevated radon levels and in Utah, one in three homes have elevated radon levels. Breathing air containing radon can cause lung cancer. The Surgeon General has warned that radon is the second leading cause of lung cancer in the United States today. Only smoking causes more lung cancer deaths. **If you smoke and your home has high radon levels, your risk of lung cancer is especially high.** Radon comes from the natural (radioactive) breakdown of uranium in soil, rock and water and gets into the air. Radon can be found all over the U.S. It can get into any type of buildings, homes, offices, and schools and the result is a higher indoor radon level. The cost for a kit to test homes for radon including the analysis is from $10 to $15 and if the analysis shows an elevated radon level in your home, on average, costs approximately $500 to $1,500 to mitigate. The loss of life due to lung cancer caused by radon gas has detrimental costs to the effects of family, community, and society.

Target Population:
Number: 2,699,554
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: Yes

Disparate Population:
Number: 168,497
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: Yes
Location: Entire state
Target and Disparate Data Sources: Utah Governor's Office of Planning and Budget. Retrieved on July 29, 2008 from Utah Department of Health, Center for Health Data, Indicator-Based Information System for Public Health

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Other: Evidenced based guidelines for radon, EPA-Contractor Report: Exploratory Study of Basement Moisture During Operation of ASD Radon Control Systems, March 2008, EPA Map of Radon Zones (Sections 307 and 309 of the Indoor Radon Abatement Act of 1988).

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: $3,500
Total Prior Year Funds Allocated to Health Objective: $0
Funds Allocated to Disparate Populations: $3,500
Funds to Local Entities: $0
Role of Block Grant Dollars: Supplemental Funding
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
75-99% - Primary source of funding

ESSENTIAL SERVICES –OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Essential Service 1 – Monitor health status

Objective 1:
Conduct radon tests

Between 10/2008 and 09/2009, the Healthy Homes Coordinator will identify 10 families for radon testing in high risk counties.

Annual Activities:

1. Collect and analyze data

Between 10/2008 and 09/2009, the Healthy Homes Coordinator will collect all radon test results from homes quarterly and will analyze data to ascertain trends and patterns of elevated radon levels in Utah.

Essential Service 2 – Diagnose and Investigate

Objective 1:

Identify high risk communities

Between 10/2008 and 09/2009, the Healthy Homes Coordinator will establish 0 a relationship with the Utah Department of Air Quality/Radon program to identify one community in each of the ten high risk counties in Utah.

Annual Activities:

1. Analyze radon testing

Between 10/2008 and 09/2009, the Healthy Homes Coordinator will analyze radon testing data to ascertain trends and patterns of elevated radon levels in Utah.

2. Distribute test kits and establish tracking database

Between 10/2008 and 09/2009, the Healthy Homes Coordinator will obtain and disseminate ≥ 10 radon test kits to each high risk community and will create a database to track homes being tested for radon levels.

3. Coordinate on radon testing and education

Between 10/2008 and 09/2009, the Healthy Homes Coordinator will collaborate with the Utah Department of Air Quality/Radon program to coordinate radon testing and educational information.

Essential Service 3 – Inform and Educate

Objective 1:

Education on radon exposure

Between 10/2008 and 09/2009, the Healthy Homes Coordinator will identify 10 residents to recieve educational materials about the effects of radon, how to test properly, and mitigate radon, in counties that have a = 40 % probability of homes contaminated with radon.

Annual Activities:

1. Education to high risk families

Between 10/2008 and 09/2009, the Healthy Homes Coordinator will provide educational awareness and materials about radon to ten families in high-risk communities. The Coordinator will also identify those homes with elevated radon levels and provide educational materials about radon and second-hand smoke and how to mitigate exposure.

2. Distribute materials to partners

Between 10/2008 and 09/2009, the Healthy Homes Coordinator will distribute radon and second-hand smoke prevention materials to Utah's local health districts, Utah Department of Health, Local Emergency Planning Committee (LEPC) meetings and libraries in those communities of increase risk.

3. Develop website
Between 10/2008 and 09/2009, the Healthy Homes Coordinator will create and maintain information about radon on the EEP website.

National Health Objective: HO 8-27 Monitoring of environmental diseases or conditions

State Health Objective(s):
Between 10/2008 and 09/2009, The Healthy Homes Coordinator will increase the number of carbon monoxide detectors in homes and increase public awareness about carbon monoxide poisoning prevention and to decrease the incidence of morbidity and mortality.

Baseline:
The morbidity crude rate, for all ages is 0.01 per 100,000 from 1980-1998. The mortality crude rate, for all ages is 10.5 per 100,000 in 1999.

Data Source:
Utah Death Certificate and Utah Emergency Department Encounter Databases for Carbon Monoxide Poisoning, morbidity and mortality crude rates. Retrieved on December 18, 2008 from Utah Department of Health, Center for Health Data, Indicator-Based Information System for Public Health website: http://ibis.health.utah.gov/

State Health Problem:

Health Burden:
Carbon monoxide, or CO, is an odorless, colorless gas that can cause sudden illness and death. CO is found in combustion fumes, such as those produced by cars and trucks, small gasoline engines, stoves, lanterns, burning charcoal and wood, gas ranges, and heating systems. CO from these sources can build up in enclosed or semi-enclosed spaces. People and animals in these spaces can be poisoned by breathing it. The cost burden of carbon monoxide poisoning can be significant due to hospitalization care or loss of life. The loss of life due to carbon monoxide poisoning has detrimental costs to the effects of family, community, and society.

Target Population:
Number: 2,699,554
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, Asian, Native Hawaiian or Other Pacific Islander, White
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No

Disparate Population:
Number: 227,928
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other

Age: 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: Yes
Location: Entire state
Target and Disparate Data Sources: Utah Governor's Office of Planning and Budget. Retrieved on July 29, 2008 from Utah Department of Health, Center for Health Data, Indicator-Based Information System for Public Health

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:
MMWR Recommendations and Reports (Centers for Disease Control and Prevention)

Funds Allocated and Block Grant Role in Addressing this Health Objective:
Total Current Year Funds Allocated to Health Objective: $1,727
Total Prior Year Funds Allocated to Health Objective: $0
Funds Allocated to Disparate Populations: $1,727
Funds to Local Entities: $0
Role of Block Grant Dollars: Supplemental Funding
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
75-99% - Primary source of funding

ESSENTIAL SERVICES –OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Essential Service 1 – Monitor health status

Objective 1:
Carbon Monixide Poisoning
Between 10/2008 and 09/2009, the Healthy Homes Coordinator will identify * high-risk areas and implement interventions to reduce the incidence of CO poisoning in homes.
Annual Activities:
1. Obtain data
Between 10/2008 and 09/2009, the Healthy Homes Coordinator will coordinate with the Hazardous Substance Emergency and Event Surveillance (HSEES) program to obtain carbon monoxide poison events, and analyze carbon monoxide poisoning data collected.

2. Create database
Between 10/2008 and 09/2009, the Healthy Homes Coordinator will create a database to track the causes of carbon monoxide poisoning to ascertain trends and guide outreach educational activities.

Essential Service 3 – Inform and Educate

Objective 1:
Provide CO detectors
Between 10/2008 and 09/2009, the Healthy Homes Coordinator will provide education and carbon monoxide detectors to 30 Utah families.
Annual Activities:
1. Distribute materials on CO poisoning

Between 10/2008 and 09/2009, the Healthy Homes Coordinator will distribute carbon monoxide poisoning prevention materials and carbon monoxide detectors to 20 senior service centers, Utah's 12 local health districts, five LEPC, UDOH, and 10 libraries throughout Utah.

2. Maintain website
Between 10/2008 and 09/2009, the Healthy Homes Coordinator will create and maintain information about carbon monoxide poisoning on the EEP website.

National Health Objective: HO 20-7 Elevated blood lead levels from work exposure

State Health Objective(s):

Between 10/2008 and 09/2009, The Healthy Homes Coordinator will decrease the prevalence of blood lead levels. ≥ 25 µg/dL in adult workers tested in 2006 by 10%.

Baseline:
The rate of adults, age ≥ 16, with a blood lead level of ≥ 25 µg/dL, is 5.7 % per 100,000 in 1996.

Data Source:
Utah Blood Lead Registry/Environmental Epidemiology Program/Utah Department of Health.

State Health Problem:

Health Burden:
The adverse health effects associated with lead exposure continue to be a national concern. High levels of lead can adversely affect many systems in the body including the neurological, reproductive, gastrointestinal, hematologic and renal systems. Persons of all ages are exposed to lead in the environment and exposure to low environmental levels may result in measurable physiological effects. Exposure to lead may result in long term storage of lead in the body such as bone tissue. Lead stored in bone tissue can be released from the bone to continue to affect other body systems after the environmental exposure has been removed. While all persons are exposed to lead in the environment, a significant source of lead exposure in adults comes from their workplace environment.

Industries in which workers have been occupationally exposed to lead include battery manufacturing, nonferrous foundries, radiator repair shops, lead smelters, construction, demolition, and firing ranges. In addition, a person working in a lead related occupation could expose family members to the dangers of lead poisoning by bringing lead contaminated dust home from their work clothes, shoes, etc.

The United States Department of Health and Human Services recommends that blood lead levels among all adults be reduced to < 25 µg/dL as stated in the Healthy People 2010 objective. The highest blood lead level acceptable by standards of the United States Occupational Safety and Health Administration (OSHA) is 40 µg/dL. In Utah, the prevalence in adults, with an elevated blood lead level ≥ 25 µg/dL have decreased from 12.2 per 100,000 workers in 1992 to 2.0 per 100,000 workers in 2006 and the prevalence for adults with an elevated blood lead level of ≥ 40 µg/dL have decreased from 4.2 per 100,000 workers in 1992 to 0.6 per 100,000 workers in 2006.

Cost Burden:
Most adults with an elevated blood lead level are exposed to lead from their occupation and therefore costs are incurred by their employer, e.g., quarterly blood lead testing ($10-$20 per quarter, required by OSHA), physicals, loss of work (due to sickness), worker compensation (if employee has high blood lead level), and chelation therapy ($1,000-$1,800). If an adult is exposed to lead not associated with occupation, costs are incurred personally to the adult and possibly to their insurance company. If the lead is brought home and the

family is exposed to the lead, the cost burden greatly increases per child, up to or more than $2,626 based on the blood lead level.

Target Population:
Number: 1,272,801
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White
Age: 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No

Disparate Population:
Number: 104,441
Ethnicity: Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White
Age: 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: Yes
Location: Entire state
Target and Disparate Data Sources: Utah Governor's Office of Planning and Budget. Retrieved on July 29, 2008 from Utah Department of Health, Center for Health Data, Indicator-Based Information System for Public Health

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

MMWR Recommendations and Reports (Centers for Disease Control and Prevention)

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: $30,618
Total Prior Year Funds Allocated to Health Objective: $1,773
Funds Allocated to Disparate Populations: $0
Funds to Local Entities: $0
Role of Block Grant Dollars: Supplemental Funding
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
75-99% - Primary source of funding

ESSENTIAL SERVICES –OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Essential Service 1 – Monitor health status

Objective 1:
Analyze and share data
Between 10/2008 and 09/2009, the Healthy Homes Coordinator will distribute published quarterly reports that present the prevalence of elevated blood lead levels in adult workers in high-risk industries and the potential to expose family members at home to numerous partners including the National Institute for

Occupational Safety and Health, to local health departments, Utah Occupational Safety and Health and to the Utah Labor Commission.

Annual Activities:

1. Lab data collection and analysis

Between 10/2008 and 09/2009, the Healthy Homes Coordinator will conduct quarterly evaluations of blood lead data/results from clinical laboratories to ascertain statistical trends and patterns of elevated blood lead levels in Utah workers. Evaluate blood lead surveillance data for calendar year 2007 and compare results to national rates and Utah's previous yearly rates. (Descriptive statistics will be used to analyze the number of tests performed and trend over time for elevated blood lead levels and occupational lead exposure data will be evaluated, including industry classification codes (SIC), blood lead surveillance data, and worker and employer surveys.)

Essential Service 2 – Diagnose and Investigate

Objective 1:

Blood lead testing

Between 10/2008 and 09/2009, the Healthy Homes Coordinator will increase the number of will increase the number of blood lead tests conducted in workers in high-risk industries from 2,576 in 2000 to 2,700.

Annual Activities:

1. Assess lab reporting status and determine prevalence

Between 10/2008 and 09/2009, the Healthy Homes Coordinator will conduct quarterly evaluations to determine the reporting status from clinical laboratories and will conduct monthly data evaluations from mandatory reporting by clinical laboratories to identify adult workers with blood lead levels ≥ 25 µg/dL.

Essential Service 3 – Inform and Educate

Objective 1:

Provide information to adults with elevated blood lead

Between 10/2008 and 09/2009, the Healthy Homes Coordinator will provide information on the associated adverse health effects to 100 percent of adult workers with blood lead levels > 25 µg/dL and the potential to expose family members at home.

Annual Activities:

1. Identify target audience and provide information

Between 10/2008 and 09/2009, the Healthy Homes Coordinator will evaluate data collected by the surveillance system to identify risk factors for occupational lead poisoning and methods to prevent it from occurring and potentially exposing family members at home, and disseminate results to other state and local health agencies, to health care providers, and to high risk employers. Contact and educate lead-related businesses regarding the issues and adverse health effects of occupational lead poisoning and the potential to expose workers family members.

State Program Title: Heart Disease and Stroke Prevention

State Program Strategy:

Goal: The overall goal of the Heart Disease and Stroke Prevention (HDSP) Program is to decrease premature death and disability due to heart disease and stroke through the following: **(1) Enhanced visibility of the problem:** Reawaken awareness of the need for improved cardiovascular health and disease prevention with federal, state and local policy makers, partners, and the general public: **(2) Improve system policies and environmental supports:** Encourage development of policies and incentives for supportive environments that can ultimately affect the social and cultural environment of communities and change the norms, values and policies which affect health behaviors; **(3) Enhance core capacity:** Provide resources and learning opportunities to health professionals and other partners to enable their participation in the policy and environmental enhancements and provide community-based health promotion and disease prevention services in school, work, community, and health care sites; **(4) Establish and maintain a comprehensive statewide partnership:** Support the Physical Activity, Nutrition, and Obesity Program, Utah Partnership for Healthy Weight and Utah Fruit and Veggies Committee to allow all of the stakeholders to avoid duplication, fill in gaps, and maximize resources, and **(5) Coordinate health surveillance and information systems:** Provide data that enable the Program and partners to fulfill the core public health functions of assessment and assurance and monitor the burden of disease and health status indicators.

Primary Strategic Partnerships:
Internal: Tobacco Prevention and Control Program, Violence and Injury Prevention Program, Physical Activity, Nutrition, and Obesity Program, and Bureau of Health Promotion Healthy Weight Workgroup
External: Utah's 12 local health departments (LHDs), Intermountain HealthCare, Utah State Office of Education, School Districts, Utah Department of Transportation, and the Utah Parent Teacher Association.

Role of PHHS BG Funds: The Program's most urgent need in primary prevention of heart disease and stroke is to address the issue of childhood obesity. Through Gold Medal Schools (GMS), the Program is developing and maintaining strategies to target school age children and help them form healthy habits in nutrition and physical activity through school environments and policies that encourage and promote healthy choices. The Program at the state level is funded by a blend of state, federal, and private monies, and in-kind donations from numerous partners. With PHHS BG funds, a GMS director and policy coordinator are able to coordinate marketing efforts, training, and resources to facilitate program success.

Evaluation Methodology: Elementary school height and weight surveillance data will be used to determine if the program is having a long term affect on childhood obesity trends. The school heart health survey will be used to determine if specific school policies are in place and implemented. In addition, a long-term evaluation plan is in development.

State Program Setting:

Local health department, Schools or school district

FTE's (Full Time Equivalents):

Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Position Title: Health Program Specialist
State-Level: 100% Local: 0% Other: 0% Total: 100%
Position Title: Health Program Specialist
State-Level: 100% Local: 0% Other: 0% Total: 100%

Total Number of Positions Funded: 2
Total FTE's Funded: 2.00

National Health Objective: HO 19-3 Overweight or obesity in children and adolescents

State Health Objective(s):

Between 10/2002 and 12/2010, decrease the percent of Utah children, grades K-6th grades, who are overweight by 10%, from 12.3% in 2002 to 10.8%.

Baseline:
12.3% in 2002

Data Source:
Utah Department of Health, K-6th grade height and weight surveillance studies, years 2002, 2006, 2008, and 2010

State Health Problem:

Health Burden:
Cardiovascular disease (CVD), including stroke, is the leading cause of death in Utah and the U.S. Direct and indirect costs due to CVD are the highest of any cause. Coronary heart disease (CHD) is the leading cause of death due to heart disease, and one of the conditions most responsive to lifestyle intervention.

One of these CHD primary risk factors, obesity, has increased dramatically in Utah. Currently, 25% of adults are obese, compared to 10.4% in 1989. One out of four children grades K-8 and 18.3% of high school students are either overweight or at risk for overweight. The health consequences of obesity for adults are life threatening, but increasingly, studies are showing that the consequences are dire for children as well. These include: metabolic syndrome, type 2 diabetes, inflammation leading to vascular damage, cardiovascular abnormalities, obstructive sleep apnea, high blood pressure, high blood lipids, and psycho-social abnormalities (primarily depression) – and all of these occur during childhood, adolescence, and young adulthood.

The target population includes school age children, their families and school faculty and staff, especially in those areas of the state at highest risk, and attending Title One schools (disparate population). The Program will also target employers and policy makers to encourage them to initiate policy changes.

Best evidence suggests that the most desirable primary prevention goal is to prevent children with a normal, desirable weight from becoming overweight or obese. The Utah HDSPP is directing primary prevention efforts for childhood obesity toward the elementary schools (and piloting the program in middle schools this year) through an incentive-based program, the Gold Medal Schools Program. This program helps schools implement policies and environmental supports to encourage healthy eating and physical activity by students, faculty and staff.

Cost Burden:
Medical Costs
Obesity related medical costs are already at alarming proportions. In a 2002 study, CDC estimated that annually, Utah spends $393 million on obesity related illness, with $71 million for Medicaid and $62 million for Medicare. On average, in 2002, treating an obese person cost $1,244 more per year than treating a healthy weight person did. Without a comprehensive, concerted approach, we can anticipate that both the health consequences and costs will continue to increase.

Target Population:
Number: 1,141,638
Ethnicity: Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White
Age: 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No

Disparate Population:
Number: 123,788
Ethnicity: Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White
Age: 4 - 11 years, 12 - 19 years
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: Yes
Location: Entire state
Target and Disparate Data Sources: USOE State Educational Directory, USOE enrollment records

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

MMWR Recommendations and Reports (Centers for Disease Control and Prevention)

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: $169,678
Total Prior Year Funds Allocated to Health Objective: $8,022
Funds Allocated to Disparate Populations: $90,000
Funds to Local Entities: $0
Role of Block Grant Dollars: Supplemental Funding
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
10-49% - Partial source of funding

ESSENTIAL SERVICES –OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Essential Service 1 – Monitor health status

Objective 1:
Utah Childhood Weight Report
Between 07/2008 and 01/2009, the Heart Disease and Stroke Prevention Program will update * the Childhood Overweight Report, adding data collected spring 2008.
Annual Activities:
1. Analyze Data
Between 07/2008 and 10/2008, the data collected in spring 2008 will be analyzed.

2. Update report
Between 07/2008 and 10/2008, the HDSPP will complete a report request form, update the report data and narrative, and publish the report of the UDOH obesity website.

3. Distribute report
Between 10/2008 and 01/2009, a hard copy of the report will be sent to a minimum of 50 participating school nurses, 69 participating schools, and 23 school districts.

4. Promote report
Between 10/2008 and 01/2009, a letter will be sent to a minimum of 500 additional stakeholders, including non-participating elementary school principals, notifying them of the availability of the report on line.

Objective 2:
GMS Heart Health Surveys
Between 09/2008 and 06/2009, the Heart Disease and Stroke Prevention Program will collect 1000 Gold Medal Schools (GMS) Heart Health Surveys.
Annual Activities:
1. Collect baseline data
Between 09/2008 and 04/2009, collect baseline GMS Heart Health Surveys from all new schools.

2. Collect follow-up data
Between 04/2009 and 06/2009, collect follow-up GMS Heart Health Surveys from all Gold Medal Schools that completed the bronze level by June 2006.

Essential Service 3 – Inform and Educate

Objective 1:
Increase GMS Participation
Between 07/2008 and 06/2009, the Heart Disease and Stroke Prevention will increase the number of elementary schools participating in GMS from 316 to 376.
Annual Activities:
1. Marketing Plan
Between 07/2008 and 06/2009, the state GMS team will revise, implement, and support a marketing plan for local health departments and partners for promoting GMS.

2. Promote program
Between 07/2008 and 06/2009, the state and LHDs will promote GMS to at least 60 schools by in-person contacts, presentations or using a combination of both to PTAs, school districts, principals, teachers or staff.

3. Title One schools
Between 07/2008 and 06/2009, recruit 10 Title One schools using the methods listed in this Essential Service and other methods as defined in the marketing plan.

4. Track contacts
Between 07/2008 and 06/2009, the State and LHDs will report and detail all contacts made to promote GMS.

Essential Service 5 – Develop policies and plans

Objective 1:
Increase policies and envrionmental supports

Between 07/2008 and 06/2009, the Heart Disease and Stroke Prevention Program will increase the number of individual school polices and environmental supports implemented, strengthened and/or maintained to support healthy choices in elementary schools from 4727 to 8000.

Annual Activities:

1. Submit documentation

Between 01/2009 and 05/2009, mentors will submit policies and environmental supports implemented by 300 participating GMS schools during school year 2008-2009.

2. GMS award levels

Between 09/2008 and 05/2009, 250 schools will achieve at least one new GMS level.

Essential Service 8 – Assure competent workforce

Objective 1:

Train stakeholders

Between 07/2008 and 06/2009, the Heart Disease and Stroke Prevention will provide training to 180 GMS stakeholders.

Annual Activities:

1. Training session

Between 08/2008 and 02/2009, two GMS trainings will be offered to school coordinators and principals.

2. Technical Assistance

Between 07/2008 and 06/2009, technical assistance will be provided to 12 LHDs through five trainings and 12 conference calls.

3. Mentor training

Between 07/2008 and 02/2009, mentors will receive at least three trainings on GMS. Each LHD will support mentors by providing at least nine monthly meetings.

4. Evaluate trainings

Between 07/2008 and 06/2009, four trainings will be evaluated to determine satisfaction and utility of trainings.

Essential Service 9 – Evaluate health programs

Objective 1:

Evaluation

Between 07/2008 and 06/2009, the Heart Disease and Stroke Prevention Program will evaluate 3 GMS processes, and identify problem areas or gaps in the program.

Annual Activities:

1. Evaluate trainings

Between 07/2008 and 02/2009, four trainings will be evaluated by the participants and evaluations will be summarized and results used to improve future trainings.

2. Survey

Between 01/2009 and 06/2009, one survey and one focus group will be conducted with mentors to determine how the GMS program can be improved.

3. School surveys

Between 01/2009 and 06/2009, two surveys will be conducted with participating schools to determine if mentors are meeting school needs.

State Program Title: LHD Partnership for Injury Prevention

State Program Strategy:

The Violence and Injury Prevention Program (VIPP) partners with local health departments (LHDs) to establish injury prevention priorities, strengthen local injury prevention program capacity, and develop community-based injury prevention projects. The three broad priority areas for injury prevention in Utah are: 1) motor vehicle crashes; 2) falls; and 3) community and family violence. All 12 LHDs have agreed to work together with the VIPP to conduct activities that address an agreed upon aspect of motor vehicle injury prevention. In past years, the partnership has conducted coordinated statewide campaigns addressing the need for legislation for graduated driver licensing and a primary seatbelt law. More recently they conducted a five-year campaign to increase booster seat use. Currently, a statewide coordinated campaign is underway to promote seatbelt use among teenagers. In addition to this coordinated campaign, each LHD is encouraged to identify local injury issues and develop prevention activities based on local resources and capacity.

Nine of the twelve LHDs in Utah elect to use PHHSBG funds to conduct injury prevention interventions. All 12 LHDs receive contracts for Maternal and Child Health Block Grant funds to conduct injury prevention interventions that are coordinated with the PHHSBG efforts. FY 2009 LHD contracts are available upon request.

Primary Strategic Partners:

The Utah Department of Health (UDOH) has fostered a number of collaborative relationships and strategic partnerships. Some of the primary partners include Brain Injury Association of Utah, Coalition for Utah Traffic Safety, Intermountain Injury Control Research Center, Law Enforcement Agencies, Local Health Departments, Primary Children's Medical Center, Safe Kids Utah, UDOH Office of the Medical Examiner, UDOH Bureau of Emergency Medical Services, Utah Department of Human Services Division of Child and Family Services, Utah Department of Public Safety, Utah Department of Transportation, Utah Driver and Traffic Safety Education Association, Utah Poison Control Center, and Utah State Office of Education.

Evaluation Methodology:

Mortality data from the Utah Death Certificate Database, Office of Vital Records and Statistics, Utah Department of Health based on External Cause of Injury Mortality Matrix for ICD-10 from the U.S. National Center for Health Statistics will be used to evaluate progress toward the overall program goal. The goal is to decrease the rate of deaths caused by unintentional injuries. Local health departments will produce a report and compile data on the Utah Data Analysis and Reporting Tool System that will be used to monitor progress.

State Program Setting:

Local health department, Parks or playgrounds, Schools or school district, Senior residence or center, State health department

FTE's (Full Time Equivalents):

Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Position Title: Health Program Specialist
State-Level: 25% Local: 0% Other: 0% Total: 25%

Total Number of Positions Funded: 1
Total FTE's Funded: 0.25

National Health Objective: HO 15-13 Unintentional injury deaths

State Health Objective(s):

Between 01/2000 and 12/2010, The Violence and Injury Prevention Program will assist in decreasing the rate of deaths caused by unintentional injuries from 31.5 per 100,000 to 20.8 per 100,000.

Baseline:

Baseline: 1998 – 31.5 per 100,000 population.
Recent data: 2006 – 25.9 per 100,000 population.

Data Source:

UDOH IBIS Mortality and Population data.

State Health Problem:

Health Burden:

Injury is a significant public health problem and a leading cause of premature death and disability. It is the leading cause of death for people age 1 – 44 years and the leading cause of years of potential life lost. During 2001-2006 in Utah, unintentional injuries resulted in 3,462 deaths, 45,590 hospitalizations and 886,015 emergency department (ED) visits. For every one death there were 13 hospitalizations and 256 emergency room visits. In addition there are an unknown number of injuries treated in clinics, doctor's offices, schools, work sites and homes.

Motor vehicle traffic crashes were the leading cause of unintentional injury death, while falls were the leading cause of unintentional injury hospitalization and ED visit.

Motor vehicle crash death rates are highest in the 15-19 and 70+ age groups. Motor vehicle crash hospitalization rates are highest in the 15-19 year age group. Utah teenage drivers represented 7% of the licensed drivers in 2005, yet they were involved in a disproportionate percent of crashes; 27% of all motor vehicle crashes and 18% of all fatal crashes. (Source: Utah Department of Public Safety, Utah Crash Summary).

It is difficult to determine the full economic impact of unintentional injury (medical costs, lost wages, disability, etc.). However, during 2006, hospital and ED charges in Utah amounted to $346 million. (Source: UDOH IBIS mortality, hospitalization and ED data.)

Target Population:

Number: 189,521
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White
Age: 12 - 19 years
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No

Disparate Population:

Number: 27,293
Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White
Age: 12 - 19 years
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No
Location: Entire state
Target and Disparate Data Sources: UDOH IBIS-PH 2008 population data

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:
Guide to Community Preventive Services (Task Force on Community Preventive Services)

Other: 1) National Highway Traffic Safety Administration (NHTSA), Traffic Safety Digests; 2) NHTSA, Increasing Teen Safety Belt Use: A Program and Literature Review; 3) Cohen L, Swift S. The spectrum of prevention: developing a comprehensive approach to injury prevention. Injury Prevention 1999;5:203-207; 4) Hedlund JH. Countermeasures That Work: A Highway Safety Countermeasure Guide for State Highway Safety Offices. NHTSA.

Funds Allocated and Block Grant Role in Addressing this Health Objective:
Total Current Year Funds Allocated to Health Objective: $160,393
Total Prior Year Funds Allocated to Health Objective: $0
Funds Allocated to Disparate Populations: $0
Funds to Local Entities: $141,093
Role of Block Grant Dollars: Supplemental Funding
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
10-49% - Partial source of funding

ESSENTIAL SERVICES –OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Essential Service 1 – Monitor health status

Objective 1:
Maintain local capacity for injury prevention surveillance
Between 10/2008 and 09/2009, nine local health departments (LHDs) receiving PHHSBG funds will maintain 3 employees who evaluate localized injury data for community needs assessment, prevention planning, and evaluation.
Annual Activities:
1. Maintain employees and capacity
Between 10/2008 and 09/2009, nine LHDs will maintain the number of employees receiving copies of injury data and reports published by VIPP and other sources, especially reports that contain localized data, and have the ability to use the UDOH Indicator Based Information System (IBIS) query system to obtain local data on injury deaths and hospitalizations, at a minimum of one employee per LHD.

2. Conduct observation surveys

Between 10/2008 and 09/2009, nine LHDs will collect two teen seatbelt use observation surveys in their local target communities.

Essential Service 3 – Inform and Educate

Objective 1:

Injury prevention education and awareness

Between 10/2008 and 09/2009, the nine local health departments (LHDs) receiving PHHSBG funds will implement 3 injury prevention education/awareness activities addressing at least two or more priority issues.

Annual Activities:

1. Teen seat belt education

Between 10/2008 and 09/2009, nine LHDs will implement at least one teen seatbelt education and awareness activity as part of the statewide seatbelt campaign targeting the disparate population.

2. Teen seat belt public relations

Between 10/2008 and 09/2009, nine LHDs will develop two press releases on teen motor vehicle safety and submit them to the media.

3. Promote teen motor vehicle safety

Between 10/2008 and 09/2009, nine LHDs will develop three different types of materials promoting teen motor vehicle safety.

4. Cues to action

Between 10/2008 and 09/2009, nine LHDs will implement three installations of cues to action (buckle up signs, buckle up stencils, etc. at entrances/exits of schools and other places teenagers frequent) to remind teenagers to wear their seatbelt.

5. Injury education and awareness

Between 10/2008 and 09/2009, nine LHDs will implement at least two education and awareness activities that address one or more additional injury prevention areas.

6. Fall prevention

Between 10/2008 and 09/2009, at least three LHDs will implement at least one fall prevention activity focusing on reducing falls among people age 65 and older.

Essential Service 4 – Mobilize Partnerships

Objective 1:

Maintain relationships in support of injury prevention

Between 10/2008 and 09/2009, the nine local health departments (LHDs) receiving PHHSBG funds will maintain * relationships with local community coalitions or organizations that promote safety, injury prevention, or violence prevention (such as Safe Kids, Safe Communities, schools, PTAs, youth councils, law enforcement, businesses) at a minimum of two organizations per LHD.

Annual Activities:

1. Maintain Safe Kids coalitions or chapters

Between 10/2008 and 09/2009, nine LHDs will maintain the number of local Safe Kids coalitions or chapters they sponsor or participate in at a minimum of one chapter per LHD.

2. Work with law enforcement

Between 10/2008 and 09/2009, nine LHDs will maintain the number of local law enforcement agencies they work with encouraging them to enforce seatbelt laws among teenagers at a minimum of one law enforcement agency per LHD.

3. Maintain high school and youth partners
Between 10/2008 and 09/2009, nine LHDs will maintain the number of high schools they work with to identify and solve the teen motor vehicle crash problem at a minimum of one high school per LHD, and will maintain the number of peer led coalitions or programs promoting teen seatbelt use they assist with at a minimum of one per LHD.

4. Maintain other local coalitions
Between 10/2008 and 09/2009, at least four LHDs will maintain the number of local coalitions, committees or community groups other than Safe Kids they work with to promote injury or violence prevention at a minimum of one per LHD.

Essential Service 7 – Link people to services

Objective 1:
Provide injury information to clients
Between 10/2008 and 09/2009, the nine local health departments (LHDs) receiving PHHSBG funds will implement 3 strategies to provide injury prevention products or other services related to injury prevention for their constituents and clients.
Annual Activities:
1. Child safety seat check points
Between 10/2008 and 09/2009, at least one LHD will implement at least one community child safety seat checkpoint.

2. Car seat checks
Between 10/2008 and 09/2009, at least five LHDs will implement at least one method for providing a limited number of car seats and booster seats for sale at reduced cost to low-income families and/or will establish at least one method for residents to receive car seat inspections by appointment at LHD facilities.

3. Access to bicycle helmets
Between 10/2008 and 09/2009, at least two LHDs will implement at least one method for providing a low-cost bicycle helmet sales program for local residents.

Essential Service 8 – Assure competent workforce

Objective 1:
Maintain designated local injury prevention staff
Between 10/2008 and 09/2009, the nine local health departments (LHDs) receiving PHHSBG funds will maintain * the number of Injury Prevention Programs with a designated Injury Prevention (IP) Coordinator at one per LHD.
Annual Activities:
1. LHD staff training
Between 10/2008 and 09/2009, the Violence and Injury Prevention Program will implement one training to strengthen the knowledge and skills in injury prevention principles and practice of LHD staff.

Essential Service 9 – Evaluate health programs

Objective 1:

Evaluation program activities

Between 01/2009 and 08/2009, Violence and Injury Prevention Program and the nine local health departments (LHDs) receiving PHHSBG funds will evaluate * all objectives and activities in contracts to determine if they were accomplished as outlined and to identify problem areas or gaps.

Annual Activities:

1. Evaluate programs and report progress

Between 01/2009 and 07/2009, the nine LHDs receiving PHHSBG funds will evaluate all objectives and activities in contracts. Between 01/31/2009 and 07/31/2009, the nine LHDs receiving PHHSBG funds will publish two progress reports for activities and impact objectives on the Utah Data Analysis and Reporting Tool System.

2. Evaluate progress reports and provide feedback

Between 01/2009 and 08/2009, the Violence and Injury Prevention Program will evaluate all progress reports for activities and impact objectives entered on the Utah Data Analysis and Reporting Tool System and provide semi-annual written feedback to LHDs.

3. Conduct site visits

Between 01/2009 and 08/2009, the Violence and Injury Prevention Program will implement five site visits to LHDs to assess progress and address any problems.

State Program Title: LHD Partnerships for Promoting Healthy Weight

State Program Strategy:

Goal: Best evidence suggests that the most desirable primary prevention goal is to prevent children with a normal, desirable weight from becoming at risk for overweight or overweight. The Utah Heart Disease and Stroke Prevention (HDSP) Program and LHDs are directing primary prevention efforts for childhood obesity toward the elementary schools (and piloting in middle schools this year) through an incentive based program, the Gold Medal Schools (GMS) Program. This program helps schools implement policies and environmental supports to encourage healthy eating and physical activity by students and faculty.

Primary Strategic Partnerships: Utah's Heart Disease and Stroke Prevention (HDSP) Program works collaboratively with all twelve local health departments (LHDs), over fifty agencies, institutions, providers and representatives from the public sector, committed to a healthier Utah through the prevention and control of heart disease and stroke, and promotion of healthier lifestyle choices.
Internal: Tobacco Prevention and Control Program, Violence and Injury Prevention Program, Physical Activity, Nutrition, and Obesity Program, and School Nursing
External: Intermountain HealthCare, Utah State Office of Education, local elementary schools, school districts, Utah Department of Transportation, and the Utah Parent Teacher Association.

Role of PHHS BG Funds: The LHD programs do not focus on individual behavior change, but strive to change "systems" apt to discourage or prevent behavior changes, into systems that provide support for policies and environments that promote health. Activities for FY 2009 will continue to focus on improving awareness of the burden of heart disease and stroke, and the need for policies and environmental changes to improve opportunities and provide support for healthier choices in nutrition and physical activity, especially in schools. With this funding, LHDs, in conjunction with the State HDSP Program, are able to recruit elementary schools in their communities, and provide guidance and resources to schools participating in GMS. All LHD contracts are available on request.

Evaluation Methodology: Elementary school height and weight surveillance data will be used to determine if the program is having a long term affect on childhood obesity trends. The school heart health survey will be used to determine if specific school policies are in place and implemented. In addition, a long term evaluation plan is being developed

State Program Setting:

Local health department, Parks or playgrounds, Schools or school district

FTE's (Full Time Equivalents):

Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Total Number of Positions Funded: 0
Total FTE's Funded: 0.00

National Health Objective: HO 19-3 Overweight or obesity in children and adolescents

State Health Objective(s):

Between 01/2002 and 12/2010, decrease the percent of Utah children, grades K-6th grades, who are overweight by 10%, from 12.3% in 2002 to 10.8%.

Baseline:
12.3%, 2002

Data Source:
Utah Department of Health, K-6th grade height and weight surveillance studies, years 2002, 2006, 2008, and 2010

State Health Problem:

Health Burden:
Cardiovascular disease (CVD), including stroke, is the leading cause of death in Utah and the U.S. Direct and indirect costs due to CVD are the highest of any cause. Coronary heart disease (CHD) is the leading cause of death due to heart disease, and one of the conditions most responsive to lifestyle intervention.

One of these CHD primary risk factors, obesity, has increased dramatically in Utah. Currently, 25% of adults are obese, compared to 10.4% in 1989. One out of four children grades K-8 and 18.3% of high school students are either overweight or at risk for overweight. The health consequences of obesity for adults are life threatening, but increasingly, studies are showing that the consequences are dire for children as well. These include: metabolic syndrome, type 2 diabetes, inflammation leading to vascular damage, cardiovascular abnormalities, obstructive sleep apnea, high blood pressure, high blood lipids, and psycho-social abnormalities (primarily depression) – and all of these occur during childhood, adolescence, and young adulthood.

The target population includes school age children, their families and school faculty and staff, especially in those areas of the state at highest risk, and attending Title One schools (disparate population). The Program will also target employers and policy makers to encourage them to initiate policy changes.

Best evidence suggests that the most desirable primary prevention goal is to prevent children with a normal, desirable weight from becoming overweight or obese. The Utah HDSPP is directing primary prevention efforts for childhood obesity toward the elementary schools (and piloting the program in middle schools this year) through an incentive-based program, the Gold Medal Schools Program. This program helps schools implement policies and environmental supports to encourage healthy eating and physical activity by students, faculty and staff.

Cost Burden:
Medical Costs
Obesity related medical costs are already at alarming proportions. In a 2002 study, CDC estimated that annually, Utah spends $393 million on obesity related illness, with $71 million for Medicaid and $62 million for Medicare. On average, in 2002, treating an obese person cost $1,244 more per year than treating a healthy weight person did. Without a comprehensive, concerted approach, we can anticipate that both the health consequences and costs will continue to increase.

Target Population:
Number: 1,142,838
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White
Age: 4 - 11 years, 12 - 19 years, 20 - 24 years, 35 - 49 years, 50 - 64 years
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No

Disparate Population:
Number: 123,788
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White
Age: 4 - 11 years, 12 - 19 years
Gender: Female and Male
Geography: Rural
Primarily Low Income: Yes
Location: Entire state
Target and Disparate Data Sources: USOE State Educational Directory, USOE enrollment records

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

MMWR Recommendations and Reports (Centers for Disease Control and Prevention)

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: $330,388
Total Prior Year Funds Allocated to Health Objective: $6,354
Funds Allocated to Disparate Populations: $323,788
Funds to Local Entities: $0
Role of Block Grant Dollars: Supplemental Funding
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
75-99% - Primary source of funding

ESSENTIAL SERVICES –OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Essential Service 3 – Inform and Educate

Objective 1:
Increase GMS schools
Between 07/2008 and 09/2009, 11 LHDs will increase the number of elementary schools participating in GMS from 316 to 376.

Annual Activities:

1. Promote GMS
Between 07/2008 and 06/2009, eleven LHDs will promote GMS to elementary schools to increase visibility and increase participation.

2. Promote grocery store tours
Between 07/2008 and 06/2009, seven LHDs will promote Fruits & Veggies More Matters grocery store tours in GMS.

3. Promote "Walk to School Day"
Between 07/2008 and 11/2008, seven LHDs will work with the PTA to conduct a “Walk to School” program in GMS.

4. Increase GMS PowerUP schools
Between 07/2008 and 06/2009, eight LHDs will increase the number of GMS Power-Up schools participating in the program from 4 to 13.

Essential Service 4 – Mobilize Partnerships

Objective 1:
Maintain number of external partnerships
Between 07/2008 and 06/2009, six LHDs will maintain 0 external partnerships to promote healthy nutrition and physical activity behaviors at a minimum of one each.
Annual Activities:
1. Active Community Environments
Between 07/2008 and 06/2009, three LHDs will participate on one local active community environments committee/task force.

2. WIC
Between 07/2008 and 06/2009, three LHDs will partner with their WIC Program to incorporate components of the Fruit and Veggies More Matters program into WIC nutrition education sessions.

Essential Service 5 – Develop policies and plans

Objective 1:
Increase AHY Awardees
Between 07/2008 and 06/2009, 12 LHDs will increase the number of schools, worksites and communities that receive "A Healthier You" Awards from 377 to 442.
Annual Activities:
1. Assist school mentors
Between 08/2008 and 05/2009, twelve LHDs will assist mentors to help schools achieve the A Healthier You school award.

2. Assist worksites
Between 07/2008 and 06/2009, one LHD will facilitate a worksite's application for A Healthier You worksite award.

3. Assist communities
Between 07/2008 and 06/2009, two LHDs will facilitate a community's application for A Healthier You community award.

Essential Service 8 – Assure competent workforce

Objective 1:
Maintain GMS Mentors
Between 07/2008 and 06/2009, 12 LHDs will maintain 50 GMS mentors to support participating schools.
Annual Activities:
1. Recruit and hire mentors
Between 07/2008 and 06/2009, 11 LHDs will participate, with the state, in recruitment and hiring of GMS mentors.

2. Mentor support and guidance
Between 07/2008 and 06/2009, 11 LHDs will provide their mentors with support and guidance.

3. Attend GMS trainings

Between 07/2008 and 06/2009, 12 LHDs will attend GMS trainings.

4. District mentor facilitators
Between 07/2008 and 06/2009, two LHDs will provide supervision and technical assistance to a district mentor facilitator.

Essential Service 9 – Evaluate health programs

Objective 1:
Report progress
Between 07/2008 and 06/2009, 12 LHDs will update 0 progress in standardized web-based reports to the Utah HDSPP.
Annual Activities:
1. Process evaluation
Between 07/2008 and 06/2009, 12 LHDs will develop process evaluation methods for each objective and activity.

2. Track outcomes
Between 07/2008 and 06/2009, 12 LHDs will use the standardized web-based data and reporting tool to track their project outcomes.

3. Feedback
Between 07/2008 and 06/2009, 12 LHDs will receive written feedback from HDSP staff via the web based reporting system within one month of submitting completed report.

State Program Title: Office of Public Health Assessment

State Program Strategy:

Goal: The goal of the Office of Public Health Assessment (OPHA) is to support evidence-based decision making and program planning by Utah's policy makers and advocates, and by public health program staff in Utah's state and local health departments.

OPHA's strategy involves enhancing the state's ability to monitor health status (essential service #1), informing and educating policy makers, health care providers, students, and the general public about public health issues (essential service #3), providing technical and statistical assistance to public health staff in the conduct of public health assessment activities (essential service #8), and evaluating the effectiveness of programs and of our own IBIS-PH Web site (essential service #9). OPHA accomplishes these program priorities on an ongoing basis by:

1. Collecting data using household telephone surveys,
2. Analyzing and reporting data from a wide variety of sources (e.g., telephone surveys, vital events, hospital administrative records, disease registries, etc.),
3. Developing, implementing, and maintaining a Web-based infrastructure for dissemination of public health data and information.

The OPHA includes the Behavioral Risk Factor Surveillance System (BRFSS) staff, charged with collecting, processing, analyzing and disseminating information about the health status, risk behaviors and health-related knowledge of Utah residents. The OPHA also provides a comprehensive health information dissemination Web site known as the Indicator-Based Information System for Public Health (IBIS-PH). IBIS-PH includes published reports, static Web pages and a Web-based data query system. IBIS-PH allows state and local public health program staff, other public health partners and the general public to access information on priority public health issues conveniently and to query datasets directly.

Primary Strategic Partners: Utah's BRFSS staff work with programs in state and local health departments, other state agencies, universities and others to ensure that our state surveys are meeting priority public health information needs. We actively pursue state-added questions through a structured process that utilizes an advisory committee with broad Utah public health community representation. Similarly, OPHA IBIS-PH staff has cultivated strategic relationships with public health programs across the Utah Department of Health and several local health districts in the state, along with other public health partners in order to develop, test and maintain the IBIS-PH Web site. In addition, OPHA has formed a Community of Practice around using the IBIS-PH technology for public health assessment across the country. We are currently working with several states (Alaska, New Mexico, New Jersey and Missouri) and national organizations (National Association for Public Health Statistics and Information Systems, National Association of Health Data Organizations, National Center for Health Statistics) in this Community of Practice. Utah is a national leader in this area, and in using Web-based technologies with complex survey data, such as the BRFSS.

Internal:
UDOH Asthma Control Program
UDOH Tobacco Prevention & Control Program
UDOH Diabetes Prevention & Control Program
UDOH Arthritis Program
UDOH Heart Disease & Stroke Prevention Program
UDOH Genomics Program
UDOH Cancer Control Program

UDOH Violence & Injury Prevention Program
Environmental Public Health Tracking Network Program
Communicable Disease Epidemiology Program
Utah Medicaid Program
Utah Children's Health Insurance Program
UDOH Center for Multicultural Health
UDOH Physical Activity, Nutrition & Obesity Program
External:
University of Utah
Utah's 12 local health districts
Association for Utah Community Health
Utah Medical Association
Utah Division of Housing and Community Development
Utah Division of Substance Abuse & Mental Health
Intermountain Health Care
Utah Kid's Count Project
National Association of Health Data Organizations
National Association for Public Health Statistics and Information Systems
National Center for Health Statistics

Role of PHHS BG Funds: Block grant dollars are a major source of funding for staff resources to develop and maintain the IBIS-Q query system, and for staff required to maintain the IBIS-IRV (Indicator Reporting and Visualization) system. IBIS-PH was programmed by a contractor through another grant, but IBIS-Q was developed in-house. Both systems require staff time and expertise for maintenance and enhancement. PHHS Block Grant funds cover staff that direct and coordinate the BRFSS in Utah. Utah collects its own BRFSS data. Staff oversees data collection for the BRFSS, provide data analysis, produce reports, and consult with Department program staff on BRFSS and other survey data issues. Block grant dollars support the BRFSS staff in order to perform Utah state-specific health assessment and program evaluation, and to address Utah's emerging health issues.

Evaluation Methodology:
OPHA will assess the use of IBIS-PH and our BRFSS survey reports monthly, using the Website metrics available through our state IT operations. We find it most beneficial to work closely with our system users and involve our customers in the design and testing of the system. The Utah Department of Health Bureau of Health Promotion's Surveillance, Epidemiology, Evaluation and Data (SEED) Committee provides a forum for power users to share in development, evaluation and testing. We will continue to track the uses of BRFSS state-specific data, particularly at the community level and in underserved populations through the Utah State Health Surveys Advisory Committee.

State Program Setting:
Local health department, State health department

FTE's (Full Time Equivalents):
Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Position Title: IBIS Query System Program Manager
State-Level: 75% Local: 0% Other: 0% Total: 75%
Position Title: UDOH Surveys Coordinator
State-Level: 50% Local: 0% Other: 0% Total: 50%

Total Number of Positions Funded: 2

Total FTE's Funded: 1.25

National Health Objective: HO 23-2 Public health access to information and surveillance data

State Health Objective(s):

Between 10/2008 and 09/2009, The OPHA will improve access to important public health data and information for public health professionals and others through the on-going collection of household survey data, and the updating of public health datasets and results of analyses on Utah's IBIS-PH (Indicator-Based Information System for Public Health) Website.

Baseline:
19 queriable data sets are available in IBIS (2008)

Data Source:
IBIS Website

State Health Problem:

Health Burden:
The Utah population ranks favorably on many health indicators, but there are several areas of concern. For instance, Utah's obesity rate is increasing and the teen suicide rate is relatively high. Utah is experiencing an epidemic in prescription drug overdose deaths. The number of reported chlamydia and gonorrhea cases has been increasing in the past several years. Utah recently experienced one of the largest outbreaks of cryptosporiodiosis ever in the nation. Health disparities exist for a variety of Utah subpopulations, including race, ethnic, income, and geographic groups. To address these and other important public health concerns, Utah must continue to collect and publicize information on health status and the status of our health care systems as widely and quickly as possible. Publicizing this information routinely provides a roadmap for individuals, communities, and professionals so they may take specific steps to ensure healthier communities. Because public health prevention activities are often most effective when undertaken at the community level, data and information must be provided at the most detailed community level possible.

Utah's IBIS-PH is a state-of-the-art online public health data system. Utah is a national leader in the field and has shared its system with a growing number other states. The IBIS-IRV (Indicator Reporting and Visualization) provides textual and graphical information for 162 public health indicators. Utah's IBIS query system provides access to 19 public health data sets. IBIS-PH allows Utah policy makers, advocates, and public health professionals to satisfy increasingly complex and numerous needs for accurate and up-to-date health statistics.

Policy-makers need information, not just data, to make good decisions. In order to transform data into information, indicator data must be interpreted in the context of their numeric values over time, across geographic regions, and their desired level (target/goal). Contextual information (secular trends, groups at risk, and effective interventions) will communicate meaning in addition to the numeric value of the indicator. Good access to data *and information* will improve the health of Utah's communities through improved program design and implementation.

It is important that the public health workforce has the capacity to effectively and competently use data to monitor health status of the population. The field of public health is a relatively specialized field with specific technologies and tools for data analysis and presentation. In addition, the ability to present public health data so that it can be used effectively by policy-makers to address relevant issues is rare.

The BRFSS survey represents all Utahns in households with telephones, over two million Utahns, and the IBIS-PH Website aims to inform and educate public health staff, Utah students, and all Utahns, statewide. Groups served by Utah's BRFSS data and the IBIS-PH Website include staff in the State Health Department, Local Health Departments, General Public Data Users, High Risk Populations, Community Based Organizations, Health Care Practitioners, Boards of Health, Community Planners, Policy Makers, Ethnic and Racial Minority Populations, and Educational Institutions, among others. The total number of Utahns projected for calendar year 2009 is 2,856,158. Utah's rural population (2009) is projected at 707,350, Hispanic and non-White Utahns (2007) was estimated at 433,200, and the number of Utahns living under 100% and 200% of the Federal Poverty Level (2006) were estimated at 243,200 and 802,800 respectively.

Target Population:
Number: 2,856,158
Infrastructure Groups: Other

Disparate Population:
Number: 1,943,350
Infrastructure Groups: Other

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

No Evidence Based Guideline/Best Practice Available

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: $99,347
Total Prior Year Funds Allocated to Health Objective: $6,993
Funds Allocated to Disparate Populations: $0
Funds to Local Entities: $0
Role of Block Grant Dollars: Supplemental Funding
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
10-49% - Partial source of funding

ESSENTIAL SERVICES –OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Essential Service 1 – Monitor health status

Objective 1:
Increase interviews
Between 10/2008 and 09/2009, the Surveys Coordinator will increase the number of Behavioral Risk Factor Surveillance System (BRFSS) telephone interviews that address state-specific data needs stratified by Utah's 12 local health districts and able to be analyzed by Utah's 61 small areas from 5,040 to 10,000.

Annual Activities:

1. Develop grant application
Between 10/2008 and 12/2008, the Surveys Coordinator will develop one Behavioral Risk Factor Surveillance System (BRFSS) grant application that will support the in-house collection of the BRFSS to monitor Utah's health status and support state initiatives.

2. State-added questions
Between 10/2008 and 01/2009, the Surveys Coordinator in collaboration with UDOH program staff will develop 35 new state-added questions to be included on the 2009 Utah BRFSS questionnaire in order to measure important health insurance and healthcare access issues for Utah adults and children.

3. Develop survey questionnaires
Between 10/2008 and 01/2009, the Surveys Coordinator will develop 2 Utah-specific BRFSS 2009 questionnaires that utilize the dual questionnaire capability of the Computer-assisted Telephone Interviewing (CATI) system in order to be able to measure an increasing number of behavioral health determinants.

4. Pilot test
Between 10/2008 and 11/2008, the Surveys Coordinator will coordinate one pilot test for evaluating the addition of insurance questions to the BRFSS, in order to enhance the quality of the BRFSS data collected for Utah.

5. Conduct cell phone interviews
Between 01/2009 and 09/2009, the Surveys Coordinator will conduct 500 BRFSS interviews in cell-phone only households in order to begin measuring the health status of this growing population.

Objective 2:
Update data sets
Between 10/2008 and 09/2009, the Surveys Coordinator in collaboration with UDOH program staff will update 1 IBIS-Q BRFSS queriable data set from one with less content and functionality to one with enhanced content and functionality as specified in the activities below.
Annual Activities:
1. Develop rules
Between 10/2008 and 09/2009, the Surveys Coordinator, in collaboration with UDOH program staff, will establish 1 set of rules for proper suppression of data within the IBIS-PH query system.

Objective 3:
Maintain data sets
Between 10/2008 and 09/2009, IBIS Query System Program Manager will maintain 100% of 19 datasets on the IBIS Query system and add one new dataset. The data will be available online within 2 weeks of the data becoming available to OPHA.
Annual Activities:
1. Update data sets
Between 10/2008 and 09/2009, update each dataset throughout the year within 2 weeks of the data becoming available.

2. Update population data
Between 10/2008 and 09/2009, update data for one population data module as the Utah Governor's Office of Planning and Budget (GOPB) data become available.

3. Update race/ethnicity data
Between 10/2008 and 09/2009, update data for one race/ethnicity population module as data maintained by the U.S. Bureau of the Census become available.

4. Update small area data
Between 10/2008 and 09/2009, update data for one small area population data module using linear interpolation of ESRI ZIP code data as both GOPB population data and population estimates for ZIP code areas become available.

5. Implement supression rules
Between 10/2008 and 09/2009, implement revised Utah Health Department data suppression rules on 100% of IBIS query modules.

6. All Payer Database
Between 10/2008 and 09/2009, add the Utah All Payer Database module to IBIS-Q in order to provide information about actual costs of health care in Utah.

Essential Service 3 – Inform and Educate

Objective 1:
Maintain reporting infrastructure
Between 10/2008 and 09/2009, OPHA will maintain 1 reporting infrastructure (technical and human resources) to present public health information (data and context) for 162 priority state health objectives.
Annual Activities:
1. IBIS training
Between 10/2008 and 09/2009, provide two IBIS-Admin training sessions to Web content developers.

2. Ensure reports are up-to-date
Between 10/2008 and 12/2008, ensure that information for all 162 IBIS indicator reports is up to date.

3. Disseminate data
Between 10/2008 and 09/2009, present data and public health context for 90 priority state health objectives in Utah's HP2010 plan and report, and notify all 103 Utah legislators and 1,400 recipients of the Center for Health Data monthly data email that it is available.

4. Publish Utah Public Health Outcome Measures
Between 05/2009 and 09/2009, the Surveys Coordinator in collaboration with UDOH program staff will publish 27 IBIS-PH pre-defined public health indicators that utilize BRFSS data with 2008 BRFSS data for the Utah Public Health Outcome Measures Report.

5. Update indicators
Between 05/2009 and 09/2009, the Surveys Coordinator in collaboration with UDOH program staff will update the percent of IBIS-PH pre-defined public health indicators that include BRFSS data by small area from zero that include data up through 2008 to 100% that include data up through 2008.

Objective 2:
Update resources
Between 10/2008 and 09/2009, the Surveys Coordinator will update 1 resources available to the public online via IBIS from 0% updated to 100% updated as specified in the activities below.
Annual Activities:
1. Enhance website
Between 10/2008 and 09/2009, the Surveys Coordinator will develop one BRFSS website linked through IBIS-PH from one that is less comprehensive to one that is more comprehensive and user-friendly.

2. Depression report
Between 10/2008 and 09/2009, the Surveys Coordinator will publish one Depression Report that utilizes BRFSS data in order to enhance the public's understanding of depression in the state of Utah.

Essential Service 8 – Assure competent workforce

Objective 1:
IBIS Help pages

Between 10/2008 and 09/2009, OPHA will publish 0 online, IBIS Help pages on two public health analytic topics.

Annual Activities:

1. Identify topics and draft help pages

Between 10/2008 and 09/2009, identify two topics to address, and complete and publish new or updated IBIS help pages on public health analytic topics.

Essential Service 9 – Evaluate health programs

Objective 1:

IBIS visits

Between 10/2008 and 09/2009, OPHA will evaluate 0 IBIS-PH Website visits monthly.

Annual Activities:

1. Evaluate web hits

Between 10/2008 and 09/2009, visit the Utah Department of Health Web page for results of Website activity monthly to assess which public health indicators, help pages, and IBIS query datasets were accessed. Review the total number of unique visitors, and the number of page requests for each. Download results into Excel and email them to all the IBIS indicator owners and data stewards who have a stake in the IBIS system.

State Program Title: **Rape or Attempted Rape**

State Program Strategy:

Sexual violence occurs in our society with much more regularity than most people realize. Sexual violence is defined as sexual activity that involves victims who do not consent, or who are unable to consent. There are different forms of sexual violence and not all consist of physical contact, for example being exposed to unwanted sexual situations. This can include voyeurism, pornography, or taking nude photos of a sexual nature. Sexual violence that consists of physical contact includes rape, attempted rape, and unwanted sexual touching. Rape is defined as putting anything into the vagina, anus, or mouth. Unwanted sexual touching is defined as intentional touching of the genitalia, anus, groin, breast, inner thigh, or buttocks.

Of the overall violent crimes that occur in Utah, rape is the only one in which Utah's rate is above the national average. In a state where other violent crimes such as, murder, robbery or aggravated assault is historically half to three times lower than the national average, this is of grave concern. Additionally, according to data from Utah's Crime Victimization Survey only about 20% of victims who were raped during the previous year went on to report it to law enforcement.

According to the 2006 Utah Behavioral Risk Factor Surveillance System (BRFSS), 7.3% of adults experienced rape or attempted rape in their lifetime. Although anyone can be a victim of SV, the lifetime prevalence of rape or attempted rape was significantly higher among women (1 in 8) than men (1 in 50). A 2005, Sexual Violence in Utah study showed that 34% of victims of rape were less than 16 years of age. This is consistent with the National Violence Against Women survey, which found that sexual violence is a crime committed primarily against youth with 54% of women who reported being raped having been victimized before the age of 18.

The RRC client profile supports this figure with 72% of all RRC clients being under age 34. Nearly 60% of the sexual assault victims seen in local hospitals by Rape Recovery Center staff and volunteers are under age 18; approximately 40% are under age 13. The majority of RRC clients seen over the age of 35 tend to fall into three categories, primary survivors 83%, adults molested as children 20% and 17% secondary victims. Child sexual abuse victims were over five times more likely to experience adult rape than women with no history of child sexual abuse. This leads to a continuing cycle of violence that has an extremely detrimental effect on society.

In order to prevent sexual assault from ever occurring we must understand who perpetrates these crimes. According to the BRFSS, perpetrators were known to the victim in approximately 92% of the cases.. They were current or former intimate partners (29.3%), friends (26.8%), acquaintances or coworkers (18.5%), relatives (14.2%), first dates or someone known for less than 24 hours (3.1%), and complete strangers (8.0%). Among female victims who experienced rape or attempted rape, 99.3% were victimized by a male. There was no difference in perpetrator gender for male victimization

Primary Strategic Partners:

The Utah Department of Health (UDOH) collaborates closely with the sexual violence prevention community. A representative sits on the Board of the Utah Sexual Violence Council that is housed in the Governor's Office. Some other primary partners include the Utah Coalition Against Sexual Assault, the Utah Domestic Violence Council, Intermountain Injury Control Research Center, Law Enforcement Agencies, Local Health Departments, Primary Children's Medical Center, UDOH Office of the Medical Examiner, UDOH Bureau of Emergency Medical Services, Utah Department of Human Services Division of Child and Family Services, Utah Crime Victim's Reparations, local rape crisis centers throughout the state, and the Utah State Office of Education.

Evaluation Methodology:
Rape rates from the Bureau of Criminal Investigations as well as the collection of the Utah Confidential Rape and Sexual Assault Data Form from all of the rape crisis centers in Utah will be used to evaluate progress toward the overall program goal of decreasing the rate of sexual assaults in Utah. Call data is also collected on the statewide rape crisis hotline. Rape Recovery Center and UCASA both administer pre and post tests on all presentations and training sessions then submits biannual reports on numbers of presentations and participants. These reports are used to monitor progress.

State Program Setting:
Community based organization, Schools or school district, University or college

FTE's (Full Time Equivalents):
Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Total Number of Positions Funded: 0
Total FTE's Funded: 0.00

National Health Objective: HO 15-35 Rape or attempted rape

State Health Objective(s):
Between 01/2000 and 12/2010, Assist in reducing the incidences of rape in Utah to 97 per 100,000 women ages 15 and older.

Baseline:
Baseline: 1998 – 108.0 per 100,000 women ages 15 and older.
Recent data: 2006 – 90.1 per 100,000.

Data Source:
Crime in Utah Report 1998-2006. UDOH IBIS population data.

State Health Problem:

Health Burden:
Sexual violence occurs in our society with much more regularity than most people realize. Sexual violence is defined as sexual activity that involves victims who do not consent, or who are unable to consent. There are different forms of sexual violence and not all consist of physical contact, for example being exposed to unwanted sexual situations. This can include voyeurism, pornography, or taking nude photos of a sexual nature. Sexual violence that consists of physical contact includes rape, attempted rape, and unwanted sexual touching. Rape is defined as putting anything into the vagina, anus, or mouth. Unwanted sexual touching is defined as intentional touching of the genitalia, anus, groin, breast, inner thigh, or buttocks.

Of the overall violent crimes that occur in Utah, rape is the only one in which Utah's rate is above the national average. In a state where other violent crimes such as, murder, robbery or aggravated assault is historically half to three times lower than the national average, this is of grave concern. Additionally, according to data from Utah's Crime Victimization Survey only about 20% of victims who were raped during the previous year went on to report it to law enforcement.

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2005, Sexual Violence in Utah study showed that 34% of victims of rape were less than 16 years of age. This is consistent with the National Violence Against Women survey, which found that sexual violence is a crime committed primarily against youth with 54% of women who reported being raped having been victimized before the age of 18.

The RRC client profile supports this figure with 72% of all RRC clients being under age 34. Nearly 60% of the sexual assault victims seen in local hospitals by Rape Recovery Center staff and volunteers are under age 18; approximately 40% are under age 13. The majority of RRC clients seen over the age of 35 tend to fall into three categories, primary survivors 83%, adults molested as children 20% and 17% secondary victims. Child sexual abuse victims were over five times more likely to experience adult rape than women with no history of child sexual abuse. This leads to a continuing cycle of violence that has an extremely detrimental effect on society.

In order to prevent sexual assault from ever occurring we must understand who perpetrates these crimes. According to the BRFSS, perpetrators were known to the victim in approximately 92% of the cases.. They were current or former intimate partners (29.3%), friends (26.8%), acquaintances or coworkers (18.5%), relatives (14.2%), first dates or someone known for less than 24 hours (3.1%), and complete strangers (8.0%). Among female victims who experienced rape or attempted rape, 99.3% were victimized by a male. There was no difference in perpetrator gender for male victimization

Target Population:
Number: 1,121,744
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White
Age: 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Male
Geography: Urban
Primarily Low Income: No

Disparate Population:
Number: 423,332
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Native Hawaiian or Other Pacific Islander, White
Age: 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years
Gender: Male
Geography: Urban
Primarily Low Income: No
Location: Specific Counties
Target and Disparate Data Sources: UDOH IBIS 2009 population data

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Other: Evidence based guidelines for prevention and education of sexual assault include: Best Practices of Youth Violence Prevention: A Sourcebook for Community Action published by the Division of Violence Prevention, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, 2002; Preventing Violence Against Women: Program Activities Guide by the Center's for Disease Control and Prevention; and Sexual Violence Prevention: Beginning the Dialogue.

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: $54,686
Total Prior Year Funds Allocated to Health Objective: $0
Funds Allocated to Disparate Populations: $31,000
Funds to Local Entities: $49,218
Role of Block Grant Dollars: Supplemental Funding
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
10-49% - Partial source of funding

ESSENTIAL SERVICES –OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Essential Service 3 – Inform and Educate

Objective 1:

Rape Recovery Ctr, UT Coalition Against Sexual Assault

Between 10/2008 and 09/2009, the Rape Recovery Center and/or the Utah Coalition Against Sexual Assault will implement 1 primary prevention focused, sexual violence activities and programming for Utah males.

Annual Activities:

1. Rape prevention program

Between 10/2008 and 09/2009, the RRC and/or UCASA will develop curriculum for a prevention program that is focused on primary prevention, has a health promotion framework, uses varied teaching methods (to allow participants to build and practice skills over time), be provided by well trained staff and will include outcome evaluation. Program will include topics such as building healthy relationships, gender roles, and expectations, consent/coercion, bystander intervention, etc.

2. Educational session

Between 10/2008 and 09/2009, the RRC will conduct a minimum of 40 sessions utilizing the new, primary prevention curriculum to junior high and high school aged males.

3. College-level education

Between 10/2008 and 09/2009, the RRC and/or UCASA will conduct primary prevention activities to a minimum of 450 college and university level students.

4. Public service announcements

Between 10/2008 and 09/2009, the RRC and/or UCASA will produce and distribute no less than three (3) PSA's for campus and community radio stations that challenge stereotypes, norms and violent behavior and promote healthy relationships. The PSA's will reach approximately 50,000 community members.

5. Evaluation

Between 10/2008 and 09/2009, the RRC and UCASA will conduct evaluation on each objective and report success to the Utah Department of Health bi-annually.

Essential Service 4 – Mobilize Partnerships

Objective 1:

Collaboration/Coordination

Between 10/2008 and 09/2009, RRC and UCASA will maintain * collaboration with coordinating service providers and the Utah Department of Health.

Annual Activities:

1. Sexual Assault Awareness Month

Between 10/2008 and 09/2009, RRC and UCASA will plan, organize, and participate in activities for Sexual Assault Awareness Month (SAAM).

2. Support Utah Sexual Violence Council

Between 10/2008 and 09/2009, UCASA will provide staff support to the Utah Sexual Violence Council by participating in at least 75% of bi-monthly council meetings as well as monthly subcommittee meetings. RRC will attend at least 75% of council meetings.

3. Collaborate with partners

Between 10/2008 and 09/2009, collaborate with local disability centers and religious groups to request opportunities to present on sexual violence prevention to secure a minimum of five presentations.

4. Technical Support

Between 10/2008 and 09/2009, UCASA will provide a minimum of 80 hours of technical support to rape prevention programs conducting sexual assault prevention throughout the state.

5. Strategic Planning

Between 10/2008 and 09/2009, UCASA will participate in strategic planning for the state by partnering with the Utah Department of Health and the Utah Sexual Violence Council. The state strategic plan will be finalized and published by January 2008 and will be available for review.

6. Professional development

Between 10/2008 and 09/2009, UCASA will provide quarterly professional development training to at least 25 community based rape prevention educators in conjunction with the RPE meeting. Educators will be surveyed to glean the most appropriate topics for the training.

Essential Service 7 – Link people to services

Objective 1:

Rape and Sexual Assault Crisis Line

Between 10/2008 and 09/2009, the Utah Department of Health will maintain 1 statewide toll-free rape and sexual assault crisis and information line to provide confidential crisis services, information, support and referral to victims/survivors of rape and sexual assault.

Annual Activities:

1. Accept and route calls

Between 10/2008 and 09/2009, a minimum of 2,000 rape and sexual assault crisis and information calls will be routed to local rape crisis centers throughout the state via the 24 hour, toll free crisis line maintained by the Utah Department of Health.

2. Promote line

Between 10/2008 and 09/2009, the toll free line will be advertised on a minimum of 10,000 brochures and information packets distributed by rape prevention programs throughout the state.

Objective 2:

Training

Between 10/2008 and 09/2009, UCASA will provide training, information and resources on sexual assault prevention, statewide as needed to numerous partners.

Annual Activities:

1. Maintain website

Between 10/2008 and 09/2009, UCASA will maintain a minimum of 5,000 hits on their webpage designed for people and professionals seeking information on prevalence of sexual assault, training availability and prevention of sexual assault.

2. Distribute materials
Between 10/2008 and 09/2009, UCASA will distribute at least 4,000 brochures and handouts on sexual violence prevention to the community and to local rape crisis centers.

3. Technical assistance
Between 10/2008 and 09/2009, UCASA will provide at least 20 hours of technical assistance to community based Rape Prevention educators developing and conducting primary prevention activities in their communities.

Essential Service 9 – Evaluate health programs

Objective 1:
Evaluate efforts
Between 10/2008 and 09/2009, Utah Department of Health will conduct * appropriate evaluation activities to monitor results and improve performance.
Annual Activities:
1. Evaluate crisis line staffing
Between 10/2008 and 09/2009, RRC will apply process evaluation methods to determine the usefulness and quality of rape crisis line staffing.

2. Progress reporting
Between 10/2008 and 09/2009, UCASA and RRC will submit mid-year reports by May 15, 2009 and year-end reports by November 15, 2010 reporting on number educated, clients served and progress on program objectives, and receive written feedback from State Program. VIPP will provide written feedback to UCASA and RRC within 30 days of receipt of mid-year and final reports.

3. Evaluate training sessions
Between 10/2008 and 09/2009, use evaluation tool for all presentations and training sessions.